

**BOARD OF OPTOMETRY**

2420 Del Paso Road, Suite 255
 SACRAMENTO, CALIFORNIA, 95834
 (916) 575-7170 / (866) 585-2666
 www.optometry.ca.gov

**APPLICATION FOR STATEMENT OF LICENSURE****BOARD USE ONLY**

Cashiering # _____

SOL # _____

FEE: \$20.00

Instructions: This application is to be completed by optometrists who are employed or contracted

to practice optometry at a location that is not their principal place of practice. An optometrist's principal place of practice is the practice location to which the optometrist (OPT) license is issued. The Statement of Licensure must be conspicuously posted in the practice location to which it was issued. All applications and forms are available at the Board's website www.optometry.dca.ca.gov or upon request from the Board office.

Authority: Business and Professions (B&P) Code Section 3070 requires licensed optometrists to notify the Board of every location at which they practice or intend to practice optometry on a regular basis. B&P Code Section 3075 requires that optometrists post in each location where he or she practices optometry, in an area that is likely to be seen by all patients who use the office, his or her current license or other evidence of current license status issued by the board. California Code of Regulations Section 1506 further requires that where a licensee does not own a practice but practices optometry in a single office as an employee or a contractor, that office shall be his/her principal place of practice and where a licensee does not own a practice, singly or jointly with any others, but practices in two or more offices as an employee or a contractor, he/she shall inform the Board in writing of such offices and shall have a statement of licensure issued by the Board and conspicuously posted in each of such additional offices wherein he/she practices optometry as an employee, provided that: (1) He/she shall first apply for a statement of licensure for the exact location of the office wherein it is to be posted in lieu of his/her certificate of licensure; (2) He/she shall not post a statement of licensure in any office other than that as authorized by such statement of licensure and; (3) A statement of licensure shall not be altered or assigned.

A statement of licensure is to be immediately surrendered to the Board by the licensee to whom it is issued upon the occurrence of any of the following: (1) His/her certificate becomes expired, is suspended or is revoked; (2) His/Her employer terminates ownership of the practice or his/her employment to practice optometry in the office wherein he/she is authorized by a statement of licensure and; (3) The office wherein he/she is authorized by a statement of licensure becomes the only office wherein he/she is employed to practice optometry.

Please Print or Type**1. Name and License Number of Applicant:**

_____ (Last) _____ (First) _____ (Middle I.) (OPT License #)

2. Practice Location to be Listed on Statement of Licensure:

_____ (Number and Street) _____ (City) _____ (State) _____ (Zip Code) _____ (Telephone #)

3. Employer(s) Information for Statement of Licensure Location:

_____ (Name of Employer) _____ (OD, MD, or DMHC License #)

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Information provided on this form that differs from this Board's, the Medical Board or DMHC records will result in an application processing delay. Please provide an attachment to this form if there are more than two employers at the location of employment.

4. Applicant's Principal Place of Practice:

_____ (Number and Street) _____ (City) _____ (State) _____ (Zip Code) _____ (Telephone #)

5. Declaration:

I the undersigned hereby declare under penalty of perjury under the laws of the State of California that all statements made on this application are true and correct and that I have read, understand, are, and will be in compliance with the provisions of the California Business and Professions Code sections 655, 3070, 3075 and 3103, California Code of Regulation section 1506, and other such laws, rules and regulations as may be relevant.

Signature of Applicant:**Date Signed:**